

CHILDHOOD LEAD POISONING ASSESSMENT QUESTIONNAIRE

DATE: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Mother: _____ Occupation: _____

Place of Employment: _____

Father: _____ Occupation: _____

Place of Employment: _____

Medicaid Insurance: Yes ___ No ___ # _____

WIC Program-Eligible: Yes ___ No ___ Enrolled: Yes ___ No ___

Age of House: Built: Before 1960 ___ 1960-1980 ___ After 1980 ___

1. Is the paint in your home, apartment, or daycare (or any other place where your child spends time) loose, chipping or peeling? Yes ___ No ___
2. Are you removing paint or making repairs to your home (or have you remodeled in the past year)? Yes ___ No ___
3. Does anyone in your home work in a lead-related occupation such as a battery plant, radiator repair shop, or renovating old houses, etc.?
Yes ___ No ___

Occupation: _____

4. Does anyone in your home have a lead-related hobby such as stained glass, ceramic pottery, or making fishing sinkers, etc.? Yes ___ No ___

Hobby: _____

5. Does your family live near any industry that may be putting lead into the air (battery recycling plants, incinerators or other)? Yes ___ No ___

INDUSTRY: _____

OVER →

6. Does any child or adult in your household have lead poisoning or a positive lead test? Yes ☐ No ☐

Where was the test done? _____
Date of test: _____ Result: _____

7. Do you ever see your child put non-food items into his/her mouth, such as:

Dust/Dirt: Yes ☐ No ☐

Paper: Yes ☐ No ☐

Cigarettes: Yes ☐ No ☐

Other: (Describe) _____

8. Does your child have any of the following:

Low Iron/Anemia: Yes ☐ No ☐

Sickle Cell Disease: Yes ☐ No ☐

Learning Problems: Yes ☐ No ☐

9. Is your child irritable, tired, not playing or eating well? Yes ☐ No ☐

Additional Information:

What does your child like to hold or chew on?

Pacifier? ☐ Stuffed Animal? ☐ Blanket? ☐ Toy? ☐

Other: _____

Does your child drink most of the time from a:

Bottle? ☐ Cup? ☐

Cup during the day and bottle before nap and/or bedtime? ☐

Does your child spend any time at any of the following places?

Daycare Center? ☐ Babysitter's Home? ☐ Relative's Home? ☐

Other: _____

Is there anything in your home or neighborhood that you think may be a lead hazard? _____

Developed By:

The Childhood Lead Poisoning Prevention Program
New Jersey Department of Health
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